

LANCASTER COUNTY
HEALTH AND DENTAL INSURANCE MONTHLY RATES
EFFECTIVE JANUARY 1, 2005 THROUGH DECEMBER 31, 2005
FOR DEPUTY SHERIFFS

UNITED HEALTHCARE SELECTPLUS VALUE POS

	<u>SINGLE</u>	<u>2/4 PARTY</u>	<u>FAMILY</u>
FULL PREMIUM	\$459.22	\$1,033.26	\$1,377.64
COUNTY SHARE	<u>\$436.26</u>	<u>\$ 878.28</u>	<u>\$1,171.00</u>
*EMPLOYEE SHARE	\$ 22.96	\$ 154.98	\$ 206.64

AMERITAS DENTAL

	<u>SINGLE</u>	<u>2/4 PARTY</u>	<u>FAMILY</u>
FULL PREMIUM	\$ 23.46	\$ 52.98	\$ 82.49
COUNTY SHARE	<u>\$ 23.46</u>	<u>\$ 39.74</u>	<u>\$ 61.87</u>
*EMPLOYEE SHARE	\$ 0.00	\$ 13.24	\$ 20.62

EYEMED VISION CARE

	<u>SINGLE</u>	<u>2-PARTY</u>	<u>4-PARTY</u>	<u>FAMILY</u>
EMPLOYEE SHARE	\$ 8.38	\$ 15.92	\$ 16.76	\$ 25.14

There are four enrollment options available for health/dental/vision coverage. They are:

Single. Provides coverage for employee only.

Two-Party. Provides coverage for employee and spouse. This option does not provide coverage for children.

Four-Party. Provides coverage for employee and any number of eligible dependent children. This option does not provide coverage for a spouse.

Family. Provides coverage for employee, spouse, and any number of eligible dependent children.